

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

INFORMATION AND INSTRUCTIONS FOR ALL MASSAGE THERAPIST APPLICANTS

SUBMITTING YOUR APPLICATION

1. Criminal Background Check: As of **July 1, 2011** all applicants **MUST** complete a criminal background check (CBC). To start your CBC visit www.identogo.com. **Note:** A CBC completed prior to the submission of an application for licensure will not be considered valid. If an application is not received by IPLA **before** scheduling a CBC, the applicant will be required to submit to another check **resulting in additional fees**.

2. Completed application. NOTE: Your Social Security number is required by the Professional Licensing Agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this application cannot be processed without it.

3. Application fee of \$100.00. Application fees are nonrefundable. Please make check or money order payable to "Indiana Professional Licensing Agency".

4. Passport Photo: A recent passport type photograph of the applicant, approximately two (2) inches by two (2) inches in size.

5. Massage Therapy Program/School: Official transcript of grades must be sent directly from the Massage Therapy program/school from which the applicant obtained his or her degree that shows that the applicant has met all requirements for graduation/completion. Graduates of a foreign program must submit an official translation if the transcript is not in English. Transcripts not sent by the program/school will not be accepted.

If you are a foreign graduate, you must also submit a credentials evaluation. The credential evaluation must be specifically prepared for the State of Indiana by the service listed below:

International Education Research Foundation, Inc. (IERF)

P.O. Box 3665
Culver City, CA 90231
Phone: 310.258.9451
Fax: 310.342.7086
www.ierf.org

6. Examination: Proof of completion and passage of an examination must be sent directly from one of the following entities. Examination results sent by the applicant will not be accepted.

- ☐ Massage & Bodywork Licensing Examination (MBLEx)
- ☐ National Certification Examination for Therapeutic Massage (NCETM)
- ☐ National Certification Examination for Therapeutic Massage & Bodywork (NCBTMB)
- ☐ National Board Certification Agency National Certification Examination (NBCA NCE)

7. Proof of Professional Liability Insurance: You must include a notarized copy of your professional liability insurance with your application.

8. Positive Response: If you answered “yes” to any questions on page 2 of your application, explain fully, including all related details in a signed and notarized statement. Include the violation, location, date, and disposition. You should also include any court records available regarding the incident.

9. Other State Licensure/Certification: If you hold or have held a license/certificate/permit in any state, including Indiana, to practice any regulated profession, you must have that state board provide verification directly to the Professional Licensing Agency. We do not need verification of county or city permits.

10. Name Change documentation: A notarized copy of a marriage certificate or an official affidavit indicating any legal name change must be submitted if your name differs from that on any documents.

11. Positive Response Documentation: If you answer yes to any of the questions on the last page of the application please submit the following along with your application:

- A typed and DETAILED explanation of the incident(s)
- Court documents regarding the incident(s) explaining the charges, fines and current disposition
- Proof of completion of all court ordered remediation (i.e. probation, court ordered alcohol/drug treatment, community service, etc)

Failure to submit the aforementioned information will result in the delay of your application. All positive response applications are subject to the review of the Board.

The board could request additional documentation as they deem appropriate to make a determination on your application. All pending files (incomplete) shall be closed after one (1) year from date of application, at which time reapplication will be necessary.

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

PROFESSIONAL LICENSING AGENCY

If you have questions concerning the application process, please call 317-234-8800, visit our website at <http://www.in.gov/pla/massage.htm> or e-mail us at pla14@pla.in.gov.

If you have any changes to the information you provided during the application process or after you are licensed (i.e. name change, address), be advised that it is *your* responsibility to update that information with the Professional Licensing Agency within thirty (30) days of a change. To update your name, you must submit proof of change (marriage certificate, legal name change court document, divorce decree) by mail or fax at (317) 233-4236. To update your address, you may submit this information by mail, fax, or e-mail.